



**ARKANSAS INSURANCE DEPARTMENT
ADMINISTRATION DIVISION
1 COMMERCE WAY
LITTLE ROCK, AR 72202
PHONE: 501-371-2621; FAX: 501-371-2629**

Form AID-AD-Speaker (Rev. 6/20)

REQUEST FOR SPEAKER

The Arkansas Insurance Department frequently provides speakers on a variety of insurance issues. Please complete this form in its entirety so that Insurance Department staff may coordinate your needs with available resources. Return this form with a cover letter and proposed agenda to the above address or via email at Insurance.Administration@arkansas.gov or fax to (501) 371-2629. Please note that later changes to the original request may affect speaker availability.

Name of Event: _____

Sponsoring Organization: _____

Contact Name: _____ Contact E-mail: _____

Contact Office Phone: _____ Contact Cell Phone: _____

Contact Address: _____

Date Requested: _____ Time Requested: _____

Alternate Date: _____ Time Requested: _____

Address & Event Location: _____

(Please provide written directions to location if outside the Little Rock area.)

Event Site Phone: _____ Event Site Fax: _____

Speaker Requested: ☐ Commissioner ☐ AID Staff ☐ Specific Staff Member _____

Speech Format: ☐ Keynote ☐ Panel ☐ Other (details) _____

Speech Length: _____ If Q&A Follows, Length: _____

Speech Topic: _____

Approximate Audience Size: _____

Audience Composition: _____

Other Invited Guests: _____

Will you be requesting continuing education credit? ☐ Yes ☐ No Number of Hours: _____

(Please contact our License Division at 501-371-2752 for instructions on receiving CE credit.)

If travel required, will ALL EXPENSES be covered by your group? ☐ Yes ☐ No

If partial expenses covered, which ones? ☐ Airfare ☐ Hotel ☐ Meals ☐ Taxi ☐ Tips ☐ Telephone

If event site is outside the Little Rock area and requires overnight accommodations, please suggest a hotel:

Name: _____ Telephone _____

Comments: